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ber because funds gave out. Five babies remained; two were sent to St. Mark's Hospital, El Paso, and three to their homes.

Milk for the babies in the cottages was prepared and delivered daily. Our hope for this year is to have the states of Texas, Oklahoma and Louisiana realize the blessed privilege of such a place for their sick babies and we hope to have it open from May 15 to September 15.

With the two wards kept full, we should need a nurses' home, as the private rooms now used for nurses could be turned into isolating rooms for the very sick babies. A generous, interested man has promised to duplicate the building we now have if the work demands it. It is most interesting work and the nurses who availed themselves of the chance to take the course there last summer felt well repaid.

## A CASE OF UREMIC POISONING

By GENEVIEVE GILLESPIE, R.N.
*Tecumseh, Michigan*

Uremia, as we all know, is a diseased condition caused by retention in the blood of the waste substances which normally should be carried off by the kidneys. The disease may be of an acute or chronic form of nephritis.

The patient under my care was a boy ten years of age, suffering with acute nephritis and uremia. During the summer he had been doing nearly a man's work on the farm, as he was very ambitious and the father was glad to have his help. He was the eldest son in a family of six children. It was thought by the doctor that the heavy lifting and more or less exposure were too much of a strain on his back and kidneys, which brought on nephritis. For several mornings before he was taken to his bed, his mother would have to assist him in getting out of bed and walking down stairs. She thought this disability was due to his playing football at school for one-half hour each day.

One Sunday, at midnight, he complained of his head hurting him dreadfully and awakened his mother. He had quite a severe spasm, so the doctor was called for the first time. Upon his arrival, he ordered a corn-cob sweat for one hour. This was done by boiling corn cobs for ten minutes and wrapping them in old cloths and placing them around him, between a pair of blankets. As he was unable to void urine, a catheter was passed. On examination, the urine was found to be 75 per cent albumen. Magnesium sulphate dram one, was ordered every four hours until a thorough evacuation should occur. Every time there was a convulsion, he was put into a hot pack. By the time

I arrived, he was pretty well parboiled and tender, as the parents in their excitement often put the packs on too hot.

The first thing I did was to remake his bed and make him comfortable. The feather bed on which he lay was cold and damp from the packs and the pillow very wet from the cold, wet cloth on his head. My hot water bottle and ice cap were put into immediate use. After the bed had been made dry and warm, and a clean warm night shirt put on, his face and hands bathed, and his hair brushed, he looked at me so gratefully and said, "I feel so good now, I wish I could have some bread and milk." My efforts were certainly repaid then. In about two hours he had a convulsion. It resembled an epileptic spasm and lasted about three and one-half minutes, then he went to sleep and slept soundly for ten minutes. Citrate of potash, grains vii, was given every four hours; spirits of nitre, minims x, every six hours; urotropin, grains iii, every four hours.

As soon as his hands commenced to jerk, I would ask whoever was in the room to bring the hot blankets from the boiler, and in the meantime I would slip the white sheet off from the rubber one and massage gently along the spine. I found this massaging lessened the tension of the spasm and he did not throw himself so much. Fruit jars filled with hot water and covered with flannel kept his bed always warm. After each convulsion I allowed him to sweat well for fifteen minutes, then I rubbed him dry and put him between warm, dry blankets, which I kept behind the stove for emergency use. Sometimes the convulsions would occur every hour for three consecutive hours and then there would be an interval of several hours. After the third day, the convulsions lessened each day in severity and number. He was kept on a strict milk diet for the first week, then custard, egg-nog and ice cream were sparingly added.

Two remarkable things about the case were that the boy never had a temperature above 99, and his mind was perfectly normal after each convulsion. During my stay he had twenty-two convulsions. During the first four days he could not see anything, but gradually was able to tell whether any one came to his bed. Beginning with the tenth day, I would print letters on a paper to test his vision and at first he could only tell the letters that were three inches high. Every day I made them a little smaller and at the end of two weeks he could read any letter one-half inch high. The urine at the onset was a reddish black color and at the end of two weeks was about normal in color and contained very little albumen.

Since taking care of this child, I have been very persistent in warning parents of growing children not to overtax the child, even though he looks equal to the task.